

# EXHIBIT K

Paul J. Michaels, M.D.

Page 1

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA  
CHARLESTON DIVISION

IN RE: ETHICON, INC., PELVIC	)	Master File No.
REPAIR SYSTEM PRODUCTS	)	
PRODUCTS LIABILITY LITIGATION	)	2:12-MD-02327
	)	
THIS DOCUMENT RELATES TO THE	)	MDL 2327
FOLLOWING CASES IN WAVE 2	)	
OF MDL 200:	)	
	)	JOSEPH R. GOODWIN
Tamara Carter, et al. v.	)	
Ethicon, Inc., et al.	)	U.S. DISTRICT JUDGE
Civil Action No. 2:12-cv-01661	)	
	)	
Sandra Childress, et al. v.	)	
Ethicon, Inc., et al.	)	
Civil Action No. 2:12-cv-01564	)	
	)	
Marion Chrysler v.	)	
Ethicon, Inc., et al.	)	
Civil Action No. 2:12-cv-02060	)	
	)	
Melissa Sanders, et al. v.	)	
Ethicon, Inc., et al.	)	
Civil Action No. 2:12-cv-01562	)	
	)	
Ana Sierra, et al. v.	)	
Ethicon, Inc., et al.	)	
Civil Action No. 2:12-cv-01819	)	
	)	
Toni Hernandez v.	)	
Ethicon, Inc., et al.	)	
Civil Action No. 2:12-cv-02073	)	
	)	

Reported by:

Rebecca J. Callow, CSR, RPR, CRR

## Paul J. Michaels, M.D.

<p style="text-align: right;">Page 2</p> <p>1 2 DEPOSITION OF PAUL J. MICHAELS, M.D. 3 THIS DOCUMENT RELATES TO CHILDRESS 4 Austin, Texas 5 Saturday, June 18th, 2016 6 2:20 p.m. 7 8 9 Deposition of PAUL J. MICHAELS, M.D., pursuant to 10 Notice held at the offices of Hissey Kientz, 11 9442 N. Capital of Texas Highway Building 1, 12 First Floor Conference Room, Austin, Texas, before 13 Rebecca J. Callow, Registered Merit Reporter, 14 Certified Realtime Reporter, Registered 15 Professional Reporter, and Notary Public in and 16 for the State of Texas. 17 18 19 20 21 22 23 24</p>	<p style="text-align: right;">Page 4</p> <p>1 A P P E A R A N C E S: 2 3 FOR JOHNSON &amp; JOHNSON AND ETHICON, INC.: 4 Thomas Combs &amp; Spann PLLC 5 300 Summers Street 6 Suite 1380 7 Charleston, West Virginia 25338 8 (304) 414-1807 9 BY: David B. Thomas, Esquire 10 dthomas@tcspllc.com 11 12 FOR JOHNSON &amp; JOHNSON AND ETHICON, INC.: 13 Butler Snow, LLP 14 150 3rd Avenue South 15 Suite 1600 16 Nashville Tennessee 37201 17 (615) 651-6700 18 BY: M. Andrew Snowden, Esquire 19 andy.snowden@butlersnow.com 20 21 22 23 24</p>
<p style="text-align: right;">Page 3</p> <p>1 A P P E A R A N C E S: 2 3 FOR PLAINTIFFS: 4 Aylstock, Witkin, Kreis &amp; Overholtz, PLLC 5 17 East Main Street 6 Suite 200 7 Pensacola, Florida 32502 8 (850) 202-1010 9 BY: Bryan F. Aylstock, Esquire 10 baylstock@awkolaw.com 11 12 FOR PLAINTIFFS: 13 Danny L. Curtis, P.C. 14 9229 Ward Parkway 15 Suite 370 16 Kansas City, Missouri 64114 17 (816) 523-4667 18 BY: Danny L. Curtis, Esquire 19 dcurtis@dannylcurtispc.com 20 21 22 23 24</p>	<p style="text-align: right;">Page 5</p> <p>1 INDEX 2 PAGE 3 PAUL J. MICHAELS, M.D. 4 Examination by Mr. Thomas .....6 5 Changes and corrections .....76 6 Signature Page .....77 7 Court Reporter's Certificate .....78 8 9 10 11 EXHIBITS 12 NO. DESCRIPTION PAGE 13 Exhibit 1 Expert Report of Paul J. 6 14 Michaels, M.D. (Re: Sandra 15 Childress) 16 Exhibit 2 (not used) 17 Exhibit 3 Photocopy: four glass slides 27 18 received in Childress 19 20 21 22 23 24</p>

2 (Pages 2 to 5)

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## Paul J. Michaels, M.D.

<p style="text-align: right;">Page 6</p> <p>1 (Exhibit 1 marked.)</p> <p>2 PAUL J. MICHAELS, M.D.,</p> <p>3 Called as a witness herein, having been first</p> <p>4 duly sworn by a Notary Public, was examined and</p> <p>5 testified as follows:</p> <p>6 EXAMINATION</p> <p>7 BY MR. THOMAS:</p> <p>8 Q. Good afternoon, Dr. Michaels.</p> <p>9 A. Good afternoon.</p> <p>10 Q. Let me show you what I have marked as</p> <p>11 Exhibit No. 1. Deposition Exhibit No. 1 has been</p> <p>12 given to Ethicon as your report in the</p> <p>13 Sandra Childress case.</p> <p>14 Can you take a minute and look at that</p> <p>15 and confirm that that's the report that you prepared</p> <p>16 for the Sandra Childress case?</p> <p>17 A. Yes.</p> <p>18 Q. You signed this report on May the 4th,</p> <p>19 2016?</p> <p>20 A. Yes.</p> <p>21 Q. Have you done any further work on the</p> <p>22 Sandra Childress case since you signed the report on</p> <p>23 May the 4th, 2016?</p> <p>24 A. Yes.</p>	<p style="text-align: right;">Page 8</p> <p>1 Q. And it says in 1961 -- excuse me -- she was</p> <p>2 born, and she had surgery for bilateral ovarian</p> <p>3 cysts in her 20s. What significance is that to you</p> <p>4 and your opinions?</p> <p>5 A. It not really much significance.</p> <p>6 Q. Any at all?</p> <p>7 A. I mean, it could be of significance to her</p> <p>8 of -- depending on what the cysts were, but they --</p> <p>9 it was my understanding that they were benign. So</p> <p>10 nothing that I could, I guess, really relate to any</p> <p>11 of her -- the current material.</p> <p>12 Q. Anything about multiple surgeries for</p> <p>13 bilateral ovarian cysts that would place her at risk</p> <p>14 for experiencing abdominal or pelvic pain in the</p> <p>15 future?</p> <p>16 A. Well, depending on what the cysts were. If</p> <p>17 they were -- I mean, depending on her response. If</p> <p>18 she had adhesions -- abdominal adhesions following,</p> <p>19 that could lead to some sort of, you know,</p> <p>20 postoperative and beyond abdominal discomfort, pain.</p> <p>21 You know, that's -- it's just such a general -- pain</p> <p>22 is just such a general topic.</p> <p>23 And obviously, it varies significantly</p> <p>24 based on how you describe it. But I would say</p>
<p style="text-align: right;">Page 7</p> <p>1 Q. What additional work have you done?</p> <p>2 A. Reviewed her deposition transcript and</p> <p>3 reviewed two defense expert reports, I believe.</p> <p>4 Q. Dr. Vogel?</p> <p>5 A. Yes.</p> <p>6 Q. Any other work that you've done since the</p> <p>7 completion of your report?</p> <p>8 A. I re-reviewed many of her medical records,</p> <p>9 re-reviewed the report. That's basically it.</p> <p>10 Q. Anything that you've done since you signed</p> <p>11 your report on May the 2nd, 2016, that causes you to</p> <p>12 change anything in your report?</p> <p>13 A. Not that I can think of.</p> <p>14 Q. All right. Is Exhibit No. 2, as of today,</p> <p>15 a complete set of your opinions as far as they</p> <p>16 relate to Sandra Childress?</p> <p>17 A. As of today, I would say, yes.</p> <p>18 Q. And do you have plans to do any additional</p> <p>19 work?</p> <p>20 A. No.</p> <p>21 Q. Let's turn to page 5 of Exhibit 1, please.</p> <p>22 Page 5 of Exhibit 1 is your effort at</p> <p>23 capturing relevant medical history. Is that fair?</p> <p>24 A. Yes.</p>	<p style="text-align: right;">Page 9</p> <p>1 potentially that would be theoretically something</p> <p>2 that could happen in a woman in her 20s that had</p> <p>3 abdominal surgery.</p> <p>4 Q. In 1991 at age 30 she underwent a total</p> <p>5 abdominal hysterectomy with bladder suspension.</p> <p>6 That's major surgery, isn't it?</p> <p>7 A. Yeah. It's a major surgery.</p> <p>8 Q. Anything about the 1991 total abdominal</p> <p>9 hysterectomy with bladder suspension that's</p> <p>10 remarkable to you in connection with your opinions</p> <p>11 in this case?</p> <p>12 A. I would say not with respect to</p> <p>13 pathologically what was found. It wasn't really</p> <p>14 any -- there wasn't significant pathology.</p> <p>15 Obviously, it would put her at an</p> <p>16 increased risk for, you know, incontinence and</p> <p>17 perhaps vaginal apex prolapse, et cetera, in the</p> <p>18 future, but I wouldn't say that it -- there was</p> <p>19 anything more significant about it.</p> <p>20 Q. Anything about the June 5th, 1991, surgery</p> <p>21 for the hysterectomy and bladder suspension that</p> <p>22 placed Ms. Childress for an increased of pain in the</p> <p>23 abdomen or the pelvic area.</p> <p>24 A. Well, I would say the same thing: That</p>

Paul J. Michaels, M.D.

<p style="text-align: right;">Page 10</p> <p>1 following those abdominal surgeries, you can have  2 fibrosis and adhesions within the abdominal cavity.  3 And some patients can have problems with that.  4 The other thing is, depending on, you  5 know, if she had had adenomyosis, or sometimes when  6 you do these surgeries, these women can have  7 endometriosis afterwards. And if there was  8 endometriosis and it wasn't identified, that can  9 lead to, you know, a type of abdominal pain that  10 would lead to vague abdominal pain or cramping  11 abdominal pain.  12 Q. You said that there's a risk of developing  13 fibrosis. Is there also a risk of inflammation as a  14 result of these surgeries?  15 A. Transient. As long as we're not talking  16 about them, you know, putting a large foreign body  17 in.  18 Q. What about permanent sutures?  19 A. Yeah. Like immediately around the  20 single -- the suture material.  21 Q. You would expect to have a chronic --  22 MR. CURTIS: Excuse me. Were you  23 finished with your answer?  24 THE WITNESS: Yes.</p>	<p style="text-align: right;">Page 12</p> <p>1 hysterectomy with bladder suspension, and as I  2 understand it, by definition, she had some  3 inflammation as a part of that surgery. Is that  4 fair?  5 A. Postoperatively. Correct.  6 Q. Part of the healing process.  7 A. Yes.  8 Q. Is that transient or is that chronic for  9 some period of time?  10 A. It should be transient.  11 Q. So you would expect that inflammation to  12 resolve over time.  13 A. I would expect that, yes.  14 Q. And so you wouldn't be able to pick it up  15 five years later to the extent you were looking at a  16 tissue slide in that area.  17 A. I wouldn't expect inflammation to be in  18 that location, no.  19 Q. Fibrosis is scarring?  20 A. Yes.  21 Q. And scarring is part of the healing  22 process?  23 A. Yes.  24 Q. And when she had the surgery in June 1991</p>
<p style="text-align: right;">Page 11</p> <p>1 MR. CURTIS: Okay.  2 BY MR. THOMAS:  3 Q. Around the suture that was used, the  4 total -- the non-absorbable suture that was used,  5 you would expect a chronic inflammatory response for  6 the life of the suture in the body. Correct?  7 A. Yes. A foreign body response.  8 Q. And the same was true with the bladder  9 suspension: To the extent the bladder suspension  10 uses bond absorbable sutures, you would expect a  11 chronic inflammatory response of those sutures for  12 the life of those sutures.  13 A. Yes. If the location of the sutures is  14 correct.  15 Q. And to the extent that there's inflammation  16 not related to the sutures, would you expect that  17 inflammation to resolve over time?  18 A. Would you repeat that?  19 Q. You spoke a minute ago about transient  20 inflammation.  21 A. Oh, okay.  22 Q. And I'm trying to understand what that  23 means.  24 In 1991 she had a total abdominal</p>	<p style="text-align: right;">Page 13</p> <p>1 for the total abdominal hysterectomy with bladder  2 suspension she had some fibrosis, didn't she?  3 A. Yes.  4 Q. So she had some scarring as a result of  5 that.  6 A. Yes.  7 Q. And some of that scarring will be  8 permanent. Correct?  9 A. Yes. It changes in quality, but fibrosis  10 is typically permanent.  11 Q. And fibrosis creates a risk for abdominal  12 and pelvic pain in the future. Correct?  13 A. The adhesions, yes.  14 Q. Then in June 2006, she had a TVT placement  15 done through the abdominal route on June 30th, 2006.  16 Correct?  17 A. Yes.  18 Q. What's the significance of placing the TVT  19 through the abdominal route?  20 A. I don't know surgically the significance.  21 I just know it's a different procedure.  22 I don't know if there was some  23 indication why it couldn't be done transvaginally,  24 or if it wasn't being done by this particular</p>

4 (Pages 10 to 13)

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Paul J. Michaels, M.D.

<p style="text-align: right;">Page 14</p> <p>1 surgeon very much at that point, or if there was a 2 reason based on her prior surgical procedure why it 3 was done like that. 4 Q. You mentioned earlier that you had watched 5 videotapes of these TVT procedures. 6 Have you ever seen a videotape of the 7 abdominal placement of a TVT device? 8 A. Not that I recall. 9 Q. Have you studied the differences in 10 technique for placement of the TVT by the abdominal 11 route? 12 A. I haven't specifically studied that detail 13 of the surgical procedure. 14 Q. Okay. A year after or so -- a year after 15 she had the TVT device, she sees Dr. Hays -- 16 I'm on page 6 now of your report. 17 A. Okay. 18 Q. -- with right-sided pelvic pain and 19 associated incomplete bladder emptying. 20 And following up, an abdominal pelvic 21 CT scan performed on August the 2nd, 2007, showed a 22 thickened right urinary bladder wall. 23 And then follow-up cystoscopy on 24 August 14 showed exposed mesh from the seven to</p>	<p style="text-align: right;">Page 16</p> <p>1 A. That's correct. 2 Q. And is it fair to understand that your 3 opinions in this case go to your analysis of 4 Ms. Childress's clinical presentation as correlated 5 with the slides from the October 3rd, 2007, 6 procedure? 7 A. Could you repeat that? 8 Q. Is it fair to understand that your opinions 9 in this case are based upon your review of the 10 medical records and the evidence from depositions of 11 physicians of the plaintiffs, along with your review 12 of the pathology slides from the October 3rd, 2007, 13 procedure? 14 A. I didn't review deposition transcripts from 15 any of the physicians. And I just reviewed the one 16 from Ms. Childress, and nobody else. 17 Q. Your materials reviewed, 18 next-to-the-last-page, says you were provided with 19 the depositions of Edward Tieng and Kimberly Ann 20 Roberts. Have you not reviewed those? 21 A. I have not. Or Timothy Childress. 22 Q. All right. So back up then. 23 Your opinions in this case are based 24 upon the medical records you have reviewed, the</p>
<p style="text-align: right;">Page 15</p> <p>1 eleven o'clock region of the bladder mucosal surface. 2 Following this procedure -- strike that. 3 On August 14th, 2007, Dr. Tieng, 4 T-i-e-n-g, performed a procedure to remove some 5 exposed mesh. Is that what you recall? 6 A. Yes. 7 Q. All right. And then six weeks later, on 8 October the 3rd, 2007, Drs. Tieng and Flickinger 9 performed a second TVT procedure excision. 10 Do you recall that? 11 A. Yes. 12 Q. And then you conclude your medical history 13 where you say, "Although Ms. Childress had a urinary 14 tract infection in May 2009, she's done relatively 15 well since without gynecologic or genitourinary 16 complaints." 17 Did I read that correctly? 18 A. Yes. 19 Q. The pathological slides -- the pathology 20 slides that you reviewed in this case are from the 21 October 3rd, 2007, procedure. Is that correct? 22 A. Yes. 23 Q. You haven't seen any slides from the 24 August 14th, 2007, procedure. Correct?</p>	<p style="text-align: right;">Page 17</p> <p>1 deposition you identified, and your review of the 2 slides from the October 3rd, 2007, procedure? 3 A. That's correct. 4 Q. And the opinions in this case are a 5 snapshot of her medical condition as of 6 October 3rd, 2007? 7 A. The slides would be. That's correct. 8 Q. Okay. You don't have any opinions in your 9 report today about her condition as of 2016. Fair? 10 A. I don't think that I know about her 11 condition as of now. 12 Q. As a matter of fact, you don't have any 13 opinions in your report from October 3rd, 2007, to 14 the present. 15 A. That's correct. That's what I have in my 16 report. 17 Q. All right. Down to "Microscopic Findings," 18 you have "Final Diagnosis." 19 What are the clinical -- excuse me. 20 What are the pathology findings that you diagnose as 21 a result of your review of the mesh? 22 A. Could you repeat that? 23 Q. Sure. Under "Bladder Mesh and Soft Tissue 24 Excision," you list what looks to be a diagnosis</p>

5 (Pages 14 to 17)

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Paul J. Michaels, M.D.

<p style="text-align: right;">Page 18</p> <p>1 based upon your review of the slides. Correct?</p> <p>2 A. Correct.</p> <p>3 Q. And you identify synthetic material, and</p> <p>4 you identify associated perifilamentous, bridging,</p> <p>5 and encapsulating, scar plate, fibrosis. That's a</p> <p>6 descriptive term for the fibrosis that you saw in</p> <p>7 the slides. Is that correct?</p> <p>8 A. Yes.</p> <p>9 Q. And then you also diagnose erosion through</p> <p>10 the genitourinary urothelium with involvement of the</p> <p>11 underlying bladder smooth muscle stroma.</p> <p>12 What does that mean?</p> <p>13 A. It means that the bundles of smooth muscle</p> <p>14 that were -- that were nearby were involved by this</p> <p>15 fibrosing and inflammatory process.</p> <p>16 Q. When you say "erosion," what do you mean?</p> <p>17 A. I mean, that you can see the synthetic</p> <p>18 foreign material eroding through the urothelium.</p> <p>19 Q. And where did the mesh erode through the</p> <p>20 urothelium?</p> <p>21 A. Well, based on the morphology, it looks</p> <p>22 like ureter to me.</p> <p>23 But it seemed like a lot of places in</p> <p>24 the medical records said bladder, so I'm assuming</p>	<p style="text-align: right;">Page 20</p> <p>1 A. Yes.</p> <p>2 Q. You found that from your slides.</p> <p>3 And a foreign-body giant cell response.</p> <p>4 You saw that from the slides. Correct?</p> <p>5 A. Yes.</p> <p>6 Q. Is that a summary of the findings that you</p> <p>7 were able to make from your review of the slides in</p> <p>8 this case?</p> <p>9 A. I say that's a summary of the final</p> <p>10 diagnosis, yes.</p> <p>11 Q. And is it fair to understand that there's</p> <p>12 nothing about slides that you reviewed in this case</p> <p>13 that allowed you to conclude that there was any</p> <p>14 damage to the bladder?</p> <p>15 A. Well, I don't know that for certain.</p> <p>16 Q. My point is, there's nothing about the</p> <p>17 slides that you reviewed that allowed you to</p> <p>18 conclude that there's any damage to the bladder of</p> <p>19 Ms. Childress in the surgeries in 2007.</p> <p>20 MR. CURTIS: Object to the form of the</p> <p>21 question.</p> <p>22 A. I don't agree with that, because the smooth</p> <p>23 muscle stroma was more of that -- of the urinary</p> <p>24 bladder than the ureter.</p>
<p style="text-align: right;">Page 19</p> <p>1 urinary bladder. But that's why I specifically</p> <p>2 mentioned it was genitourinary urothelium rather</p> <p>3 than saying bladder mucosa because it looked like</p> <p>4 ureter epithelium.</p> <p>5 Q. So your review of the slides in this case</p> <p>6 led you to conclude that you were dealing with an</p> <p>7 erosion of the mesh into the ureter. Is that fair?</p> <p>8 A. Well, in the ureter/bladder region.</p> <p>9 Q. And to be fair, you can only look at the</p> <p>10 slides that they give you, and there may be damage</p> <p>11 in other parts of the body that you don't have</p> <p>12 slides for.</p> <p>13 A. Sure.</p> <p>14 Q. Okay.</p> <p>15 MR. AYLSTOCK: Mr. Thomas, if you'd</p> <p>16 like to give him the slides your expert has, he'd be</p> <p>17 happy to look at them.</p> <p>18 MR. THOMAS: Thank you, Bryan.</p> <p>19 MR. AYLSTOCK: Okay.</p> <p>20 BY MR. THOMAS:</p> <p>21 Q. Then you say you saw acute and chronic</p> <p>22 inflammation. Correct?</p> <p>23 A. Yes.</p> <p>24 Q. Polypropylene bark degradation.</p>	<p style="text-align: right;">Page 21</p> <p>1 And so, although there may not have</p> <p>2 been -- from what I had, involvement of the bladder</p> <p>3 urothelium, you know, the bladder is an organ that</p> <p>4 has more than just the urothelium. It has the</p> <p>5 surrounding supporting structure, including the</p> <p>6 muscle, which is a major part of the functional</p> <p>7 component of the bladder.</p> <p>8 BY MR. THOMAS:</p> <p>9 Q. I understand --</p> <p>10 MR. CURTIS: Let him finish.</p> <p>11 BY MR. THOMAS:</p> <p>12 Q. I apologize. I didn't mean to stop you.</p> <p>13 THE WITNESS: Can you read back my</p> <p>14 answer?</p> <p>15 Because you cut me off.</p> <p>16 THE REPORTER: Sure.</p> <p>17 (The record was read as requested:</p> <p>18 "I don't agree with that, because the</p> <p>19 smooth muscle stroma was more of</p> <p>20 that -- of the urinary bladder than</p> <p>21 the ureter.</p> <p>22 "And so, although there may not have</p> <p>23 been -- from what I had, involvement</p> <p>24 of the bladder urothelium, you know,</p>

6 (Pages 18 to 21)

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Paul J. Michaels, M.D.

<p style="text-align: right;">Page 22</p> <p>1 the bladder is an organ that has more 2 than just the urothelium. It has the 3 surrounding supporting structure, 4 including the muscle, which is a major 5 part of the functional component of 6 the bladder.") 7 A. And so when you ask if the bladder was 8 injured, based on my review of the slides, I would 9 say that based on the involvement of the associated 10 smooth muscle, that that is a component of the 11 bladder. 12 So you can say that there is, I guess, 13 bladder involvement based on those slides even 14 though I don't necessarily have what I am convinced 15 is bladder surface lining epithelium. 16 BY MR. THOMAS: 17 Q. I understand. Thank you. And I apologize 18 for interrupting you. 19 A. That's okay. 20 Q. And she presented with symptoms of pain. 21 A. Correct. 22 Q. Any other symptoms she presented with? 23 A. Incomplete bladder emptying and urinary 24 leakage.</p>	<p style="text-align: right;">Page 24</p> <p>1 two slides? 2 A. Yes. 3 Q. You have 17 images in your report. Can you 4 tell me how they break down according to the 5 individual slides? 6 A. I don't know what you mean. 7 Q. Well, it looks to me -- well, I'm trying to 8 understand which of the figures are from one slide 9 and which of the figures are from a second slide. 10 Are you able to tell that by looking at them? 11 A. No. 12 Q. Okay. Do you know where in the body the 13 tissue came from that forms the source of these 14 slides? 15 A. Again, it looked like it was sort of more 16 around the ureter. 17 I would imagine, based on my review, 18 near the orifice with the urinary bladder. 19 Q. Do you know from your review of the medical 20 records whether there are other areas of tissue 21 affected by this surgery for which you don't have 22 slides? 23 A. I don't recall. I would have to review 24 that op report.</p>
<p style="text-align: right;">Page 23</p> <p>1 Q. Which means that her stress urinary 2 incontinence repair in 1991 was no longer working. 3 Correct? 4 A. Well, maybe for the urinary leakage. But 5 the incomplete bladder emptying may be related to -- 6 you know, that may not necessarily be a component of 7 stress urinary incontinence. 8 Q. And after she had these revision surgeries, 9 her pain ultimately resolved. True? 10 A. Yes. That's my understanding. 11 Q. And that after she had these revision 12 procedures, her stress urinary incontinence was 13 successfully treated. True? 14 A. Again, that's my understanding. 15 Q. How many slides did you have in this case? 16 A. Four. 17 Q. And how many were stained? 18 A. Two. 19 Q. And did you stain the others? 20 A. No. 21 Q. Why not? 22 A. Because the other two that were stained 23 looked the same. 24 Q. So are all the images in your report from</p>	<p style="text-align: right;">Page 25</p> <p>1 Q. Based on your review of the medical records 2 and your understanding of the location of the slides 3 as you've just described them, what area of the body 4 does this allow you to talk about? 5 A. I would say, in general, the right lower 6 pelvic abdominal region, including any sort of 7 urinary symptoms. 8 Q. Okay. Let's look at Figure 1, and we'll 9 call this slide number 1. 10 How about that? Does that work for 11 you? 12 A. Well, it's Figure 1. 13 Q. Well, I want to talk about -- you have 17 14 figures, but only two slides. I want to make sure 15 I, if we can, to the extent we can, match figures 16 with the individual slides. 17 A. No. I'm not doing that because that's not 18 accurate. 19 The two slides were the same type of 20 tissue. It was the same thing. 21 Q. Okay. Can you tell from your review of the 22 slides -- were they cut from the same paraffin 23 block? 24 A. I would have to review.</p>

7 (Pages 22 to 25)



Paul J. Michaels, M.D.

<p style="text-align: right;">Page 26</p> <p>1 Q. Do you know?</p> <p>2 A. I would have to review it.</p> <p>3 Q. Okay.</p> <p>4 A. Do you want me to review it?</p> <p>5 Q. Not right now.</p> <p>6 Can you tell from your review of the</p> <p>7 slides how close in proximity the two samples were</p> <p>8 taken?</p> <p>9 A. I would have to review.</p> <p>10 Q. And where would you go to look to answer</p> <p>11 those questions?</p> <p>12 A. I have photo copies of the slides.</p> <p>13 Q. And what information on the slides would</p> <p>14 answer that question?</p> <p>15 A. I would see grossly if they look alike.</p> <p>16 Q. I'm sorry. I don't understand it like you</p> <p>17 do. I'm only asking the questions I know how to</p> <p>18 ask.</p> <p>19 A. Well, I'm asking you if you want me to</p> <p>20 check and you're saying no, and so I can't explain</p> <p>21 that.</p> <p>22 Q. Well, I have a limited amount of time.</p> <p>23 A. I understand that.</p> <p>24 Q. Can you do it quickly?</p>	<p style="text-align: right;">Page 28</p> <p>1 And are you able to tell from</p> <p>2 Exhibit No. 3 how much distance separated these two</p> <p>3 cuts from the paraffin block?</p> <p>4 A. Not particularly. Less than -- I mean, it</p> <p>5 would be less than a millimeter.</p> <p>6 Q. Okay. Thank you.</p> <p>7 A. Um-hmm.</p> <p>8 Q. Anything else that this Exhibit No. 3 tells</p> <p>9 you about the slides?</p> <p>10 A. No.</p> <p>11 Q. And the fact that there are two slides on</p> <p>12 here that appear to be blank, they're just not</p> <p>13 stained?</p> <p>14 A. Correct.</p> <p>15 Q. And are we able to tell by looking at the</p> <p>16 two slides that are not stained where they are in</p> <p>17 the paraffin block relative to the two that are</p> <p>18 stained?</p> <p>19 A. Well, the way that these are cut by the</p> <p>20 histotechnologists is, each different cut advances</p> <p>21 into the tissue about 5 microns.</p> <p>22 So -- now sometimes you could really</p> <p>23 level into the block and go maybe a millimeter into</p> <p>24 the tissue, but then you'd be getting to the point</p>
<p style="text-align: right;">Page 27</p> <p>1 A. Yes.</p> <p>2 Q. Let's do it, then.</p> <p>3 (Document review.)</p> <p>4 A. Yes. It's the same paraffin block.</p> <p>5 BY MR. THOMAS:</p> <p>6 Q. Okay. And so -- can I see what you're</p> <p>7 looking at, please?</p> <p>8 A. That is a -- on my copy machine, I make a</p> <p>9 copy of the slides when I receive them as part of my</p> <p>10 inventory to document what the slide numbers were</p> <p>11 and what the tissue looked like, et cetera.</p> <p>12 (Exhibit 3 marked.)</p> <p>13 BY MR. THOMAS:</p> <p>14 Q. Let me show you what I've marked as</p> <p>15 Deposition Exhibit No. 3. And this is a document</p> <p>16 that you just tendered to me, and tell me what that</p> <p>17 is, please.</p> <p>18 A. Those are the four glass slides that I</p> <p>19 received.</p> <p>20 Q. Okay. And you said they're from the same</p> <p>21 paraffin block. How can you tell that?</p> <p>22 A. Because they all have "A," and they look</p> <p>23 identical.</p> <p>24 Q. I see.</p>	<p style="text-align: right;">Page 29</p> <p>1 where you would exhaust it, and the tissue would</p> <p>2 look very different from slide to slide.</p> <p>3 So by deducing that these first two</p> <p>4 look nearly identical, I would imagine that they're</p> <p>5 only several microns apart. And I would imagine,</p> <p>6 based on the fact that these are all labeled the</p> <p>7 same with the label, that the same applies to the</p> <p>8 unstained slides.</p> <p>9 Q. Okay. And is it fair to conclude from your</p> <p>10 comments that the two slides that form the basis of</p> <p>11 your report, the comments in your report, are pretty</p> <p>12 much in the same place in the body?</p> <p>13 A. Yes.</p> <p>14 Q. Okay. What else did you have in that</p> <p>15 yellow folder of yours?</p> <p>16 A. I have the piece of paper that I document</p> <p>17 when I received the slides and how they were labeled</p> <p>18 and if they were HNE stained or not.</p> <p>19 Q. Okay.</p> <p>20 A. I have, I guess, something from</p> <p>21 Solstice Lab Partners, when they sent the slides to</p> <p>22 me, what they were sending.</p> <p>23 And then I -- when I returned them, I</p> <p>24 sent them to Butler Snow, and I wrote what I was</p>

8 (Pages 26 to 29)

Paul J. Michaels, M.D.

<p style="text-align: right;">Page 30</p> <p>1 sending and signed it and dated when I sent it.  2 Q. Thank you, Doctor.  3 A. Um-hmm.  4 Q. Would you look at Figure 1, please, of  5 Exhibit No. 1.  6 What does Figure 1 show?  7 A. So Figure 1 shows the luminal portion of  8 the genitourinary system which has a papillary  9 appearance and is inflamed. And it's congested and  10 the surface epithelium that's normally much thicker  11 than that is gone for the most part. So it's eroded  12 and there's associated inflammation within the  13 stroma.  14 Q. And to what do you attribute that  15 inflammation? What causes the inflammation?  16 A. Well, this degree of inflammation, given  17 the context, it's my opinion that it's from the mesh  18 that was eroding right next to where this picture  19 was taken.  20 Q. Okay. Anything -- I don't want to  21 oversimplify it, but is the purpose of this figure  22 to show the effect on tissue of eroding mesh?  23 A. One of the effects.  24 Q. And what other effects?</p>	<p style="text-align: right;">Page 32</p> <p>1 indicative of her lack of bladder emptying, because  2 that could cause an irritative sort of symptom which  3 may cause problems with the bladder muscle being  4 able to contract and basically express the urine  5 completely.  6 And, depending on her leakage, it  7 sounds like her leakage was a true, like, stress  8 urinary leakage. So I wouldn't imagine that that --  9 from this picture would have necessarily been from  10 the findings in this superficial urothelium. But  11 depending on if she was having irritation and maybe  12 frequency and strong urge, it could be from that as  13 well.  14 Q. Let's go to Figure 2, please. Figure 2 is  15 on page 10 of Exhibit No. 1.  16 What does figure number 2 show? Let me  17 start over again.  18 Is Figure 2 from the same slide as  19 Figure 1? Are you able to tell?  20 A. I don't recall.  21 Q. Let me ask this question:  22 Does it really make a difference which  23 slide these are from, given that they're cut so  24 closely together?</p>
<p style="text-align: right;">Page 31</p> <p>1 A. Well, I'm not showing any fibrosis in this.  2 Q. I think your other figures show fibrosis.  3 We'll get to that in the minute.  4 A. Oh, I thought you were talking about the  5 purpose of this figure. So I was clarifying that  6 one of the effects of mesh erosion is displayed in  7 this figure.  8 Q. Okay. All I want to do is go one at a time  9 and see.  10 A. Sure.  11 Q. And for the symptoms for which  12 Ms. Childress presented at the time of her surgery  13 when this tissue was removed, what do you link this  14 image to?  15 A. Well, this would be certainly associated  16 with pain. And given the fact that it's involving  17 the urothelium, it would be associated with maybe  18 irritation symptoms or possibly infection -- oh.  19 But you're talking about her symptoms.  20 Q. Correct.  21 A. Oh. Sorry. I was giving you general.  22 Q. I'm asking case-specific questions.  23 A. Okay. So with regards to this particular  24 figure, I would say her pain. And it could also be</p>	<p style="text-align: right;">Page 33</p> <p>1 A. No.  2 Q. Okay. And is it fair from a pathology  3 perspective to refer to all of these slides as being  4 from pretty much in the same place?  5 A. Yes.  6 Q. Okay. Then that's what I'm going to do.  7 A. Okay.  8 Q. So if you look at Figure 2, what does  9 Figure 2 show as far as you're concerned?  10 A. It shows another area of eroded urothelium  11 that basically has associated hemorrhage and  12 congestion, and I would say some inflammatory cells.  13 Q. Is there anything different about Figure 2  14 that adds to the opinions that you gave about what  15 Figure 1 showed?  16 Anything further to be added by that  17 figure? Is it more of the same?  18 A. I would say that it's similar.  19 Q. Okay. Let's go to Figure 3. And what's  20 the significance of Figure 3?  21 A. Figure 3 shows acute inflammatory cells.  22 It shows neutrophils with some surrounding chronic  23 inflammation embedded within fibrosis tissue with  24 surrounding mesh filament spaces.</p>

9 (Pages 30 to 33)

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Paul J. Michaels, M.D.

<p style="text-align: right;">Page 34</p> <p>1 Q. Is that an expected finding in connection 2 with an erosion? 3 A. I would say so. 4 Q. So given the fact that you've already found 5 an erosion of the mesh into the ureter, this is 6 something that you would expect to find. 7 A. I would say, given the overall scenario in 8 this case with her presentation and the fact that I 9 could see it eroding microscopically, yes. I would 10 expect to see those inflammatory components. 11 Q. Is there anything about -- anything else 12 about this figure that's remarkable to your opinions 13 in this case? 14 A. Nothing other than I've just described. 15 Q. I understand. And that's all I'm trying to 16 do is just figure out what's new and different and 17 what's more of the same. 18 Let's go to Figure 4. What's the 19 significance of Figure 4? 20 A. So it shows more of a chronic inflammatory 21 reaction around the mesh with some fibrosis. 22 There's also some vascular congestion. The tissue 23 was cauterized. 24 Q. Do you understand that they used some</p>	<p style="text-align: right;">Page 36</p> <p>1 in the tissue. Correct? 2 A. Well, it's very -- let's be clear on that, 3 in that it may be displaced, but it's easy to tell 4 whether it's displaced or degraded. It's different. 5 And this is something that's -- where it's clearly 6 displaced and it's overlapping on the tissue. 7 Q. And I understand that. And that's all I 8 wanted you to say. 9 That blue piece is likely polypropylene 10 that's an artifact that got moved as a part of the 11 sample preparation process. Correct? 12 A. Yes. In this case, that's what it shows on 13 that portion. 14 Q. And to the extent that the mesh is not in 15 the place where it originally occupied, the 16 microtoming process can alter the tissue. Correct? 17 A. I don't know what that means. 18 Q. Okay. Well, you see how these mesh holes 19 aren't perfectly round? 20 A. Yes. 21 Q. Do you know whether that's because of the 22 angle of the cut, or whether it's because the mesh 23 has been removed and the microtome moved the tissue? 24 A. Oh. Well, yeah. That's a microtoming</p>
<p style="text-align: right;">Page 35</p> <p>1 cautery tools as a part of the procedure in the 2 case? 3 A. Well, I do based on this slide because it's 4 cauterized. 5 Q. Right. And that's something that's part of 6 the procedure. You understand that? 7 A. Correct. 8 Q. Okay. And you expect chronic inflammation 9 associated with the foreign body of the mesh? 10 A. Yes. I would expect that. 11 Q. Is there anything unusual about the chronic 12 inflammation given that it's associated with a 13 foreign body like the mesh? 14 A. No. There's a lot of it. But other than 15 that, I wouldn't say that there's anything unusual 16 about it. 17 Q. As you look at Figure 4 up at about 18 eleven o'clock, there's what looks to be a piece of 19 blue. Do you know what that is? 20 A. I think that might be maybe a core or a 21 part of the mesh that had come out of the process 22 based on the sectioning. 23 Q. And when the microtoming process happens, 24 oftentimes the polypropylene falls out of its place</p>	<p style="text-align: right;">Page 37</p> <p>1 artifact. 2 Q. Yes. 3 A. That's a section from that -- from the 4 section. 5 Q. It's not a trick. I'm just trying to 6 understand. 7 And so as a part of the microtoming 8 process, the microtome, when they're cutting these 9 slides, can drag across the tissue and move the 10 tissue. 11 A. Slightly. 12 Q. Okay. Anything else remarkable about 13 Figure 4? 14 A. Not that I can think of. 15 Q. Let's go to Figure 5. What do we see in 16 Figure 5? 17 A. I see some surrounding fibrous tissue with 18 a mesh filament and adjacent chronic inflammation, 19 some congested small blood vessels. 20 Q. Anything about the inflammation that's 21 unusual -- the chronic inflammation that's unusual, 22 given the fact of the presence of the foreign body? 23 A. Not particularly. 24 Q. And what about the congestion? Anything</p>

10 (Pages 34 to 37)

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Paul J. Michaels, M.D.

<p style="text-align: right;">Page 38</p> <p>1 unusual about the congestion?</p> <p>2 A. No.</p> <p>3 Q. And what about the presence of the</p> <p>4 lymphocytes and macrophages? Is that unusual given</p> <p>5 the presence of the foreign body?</p> <p>6 A. I thought you already talked about the</p> <p>7 inflammation.</p> <p>8 Q. I'm sorry. I did. I apologize.</p> <p>9 Lymphocytes and the macrophages are</p> <p>10 what makes up the chronic inflammation. Correct?</p> <p>11 A. That's part of chronic inflammation.</p> <p>12 Correct.</p> <p>13 Q. So is Figure 5 a pretty typical display of</p> <p>14 tissue in the presence of a foreign body like mesh?</p> <p>15 A. I guess it depends on chronicity of how</p> <p>16 long the mesh has been in there. But I don't think</p> <p>17 that there's anything dramatically different about</p> <p>18 this case.</p> <p>19 Q. All I want to know is what you think is</p> <p>20 remarkable about the picture that you might talk to</p> <p>21 a jury about.</p> <p>22 Is there anything remarkable about that</p> <p>23 beyond what you've described?</p> <p>24 A. No. I just answered that.</p>	<p style="text-align: right;">Page 40</p> <p>1 inflammatory cells and a congested blood vessel that</p> <p>2 contains some neutrophils.</p> <p>3 Q. Is there anything atypical about this slide</p> <p>4 given the presence of a foreign body?</p> <p>5 A. No. I don't think that there's anything</p> <p>6 atypical about the slide, given the presence of the</p> <p>7 foreign body.</p> <p>8 Q. And what's the purpose of the arrows that</p> <p>9 are present in Figure 7? What are you showing</p> <p>10 there?</p> <p>11 A. Well, in my legend I say that those are</p> <p>12 multinucleated foreign-body giant cells.</p> <p>13 Q. Can you tell by looking at Figure 7 whether</p> <p>14 the polypropylene which was in that area is present</p> <p>15 or not?</p> <p>16 A. Do you mean present on the slide at the</p> <p>17 time or was present?</p> <p>18 Q. Present on the slide at the time.</p> <p>19 A. I can't say for certain.</p> <p>20 Q. As you look around that area where the</p> <p>21 arrows are and you come down to about five-,</p> <p>22 six o'clock, there looks to be some tissue that kind</p> <p>23 of goes out into an empty space.</p> <p>24 Does that indicate to you that the</p>
<p style="text-align: right;">Page 39</p> <p>1 Q. Thank you.</p> <p>2 Let's go to Figure 6. What's the</p> <p>3 significance of Figure 6?</p> <p>4 A. Figure 6 shows numerous multinucleated</p> <p>5 foreign-body giant cells that are adjacent to the</p> <p>6 mesh surrounding chronic inflammation and fibrous</p> <p>7 tissue.</p> <p>8 Q. Again, is the response of the tissue shown</p> <p>9 in Figure 6 typical to the response that you see of</p> <p>10 tissue in the presence of a foreign body?</p> <p>11 A. Yes. I would say that most foreign body</p> <p>12 responses would have a similar appearance.</p> <p>13 Q. Is there anything atypical about the</p> <p>14 appearance of the tissue that's depicted in</p> <p>15 Figure 6, given the presence of the foreign body?</p> <p>16 A. I wouldn't specifically point to anything</p> <p>17 in this figure and call it atypical.</p> <p>18 Q. Let's go to Figure 7. What's the</p> <p>19 significance of Figure 7?</p> <p>20 A. So Figure 7 shows an area of rounded mesh</p> <p>21 on the right with numerous surrounding foreign-body</p> <p>22 giant cells.</p> <p>23 Away from that there's some mildly</p> <p>24 edematous fibrosis tissue with mixed chronic</p>	<p style="text-align: right;">Page 41</p> <p>1 polypropylene is no longer in the slide?</p> <p>2 A. Not necessarily.</p> <p>3 Q. Does that mean that the microtoming process</p> <p>4 moved the tissue from where it was into the open</p> <p>5 space?</p> <p>6 A. I guess I don't -- I guess I don't</p> <p>7 understand, because every single millimeter of a</p> <p>8 slide -- of any slide from any person from any</p> <p>9 location shows minimal little changes in the tissue</p> <p>10 that where the tissue has technically been moved by</p> <p>11 the microtome.</p> <p>12 So I guess I don't -- as a</p> <p>13 pathologist, you sort of don't, I guess, pay</p> <p>14 attention to what did the microtome move and what</p> <p>15 was really true to the patient.</p> <p>16 So I would say the large white spaces</p> <p>17 at the bottom left, that's also from the microtome,</p> <p>18 and maybe in the body that is fibrous tissue that's</p> <p>19 been moved. But maybe it's -- we're at the edge of</p> <p>20 another cell that's attached to the edge, and we're</p> <p>21 just seeing the very tip of it. So I have -- I have</p> <p>22 no way of knowing.</p> <p>23 Q. Okay. And I don't have any idea. I'm</p> <p>24 trying to understand, and your explanation's</p>

11 (Pages 38 to 41)

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Paul J. Michaels, M.D.

<p style="text-align: right;">Page 42</p> <p>1 helpful.</p> <p>2 And I'm sorry If I've asked this</p> <p>3 question, I'm just trying to understand.</p> <p>4 Figure 7: Is there anything atypical</p> <p>5 about Figure 7, given the presence of a foreign body</p> <p>6 in this tissue?</p> <p>7 A. I don't know if I would say atypical.</p> <p>8 There are a lot of giant cells in this picture. But</p> <p>9 I don't find that to be necessarily atypical, but</p> <p>10 it's certainly prominent for a foreign body</p> <p>11 response.</p> <p>12 Q. That's what the body does in the presence</p> <p>13 of a foreign body, they send the giant cells.</p> <p>14 Correct?</p> <p>15 A. That's correct. But you usually don't see</p> <p>16 this many.</p> <p>17 Q. Okay. Let's go to Figure 8. Figure 8 is</p> <p>18 your first reference to scar plate.</p> <p>19 Is this the first time in these slides</p> <p>20 that we've identified scar plate?</p> <p>21 A. I think it's probably the first time where</p> <p>22 you could see it.</p> <p>23 Q. And do the arrows that appear on Figure 8</p> <p>24 represent the scar plate that you've identified?</p>	<p style="text-align: right;">Page 44</p> <p>1 BY MR. THOMAS:</p> <p>2 Q. You know what? I'll let you do as many as</p> <p>3 you want, but if you'll allow that to be a</p> <p>4 representation of what you're doing, that -- I'm</p> <p>5 fine with you not circling all of them.</p> <p>6 A. Whatever.</p> <p>7 Q. Let's just do that.</p> <p>8 A. All right.</p> <p>9 Q. Thank you.</p> <p>10 As you look at the center of Figure 8,</p> <p>11 do you understand those two circles to be where</p> <p>12 polypropylene mesh is or was?</p> <p>13 A. Yes.</p> <p>14 Q. Can you tell me the distance between those</p> <p>15 two pores?</p> <p>16 A. I didn't measure it.</p> <p>17 Q. Okay.</p> <p>18 A. Do you mean between the mesh?</p> <p>19 Q. Yeah. Those two holes.</p> <p>20 A. Oh, those two holes?</p> <p>21 I didn't measure it. I don't know.</p> <p>22 Q. Do you have any idea?</p> <p>23 MR. CURTIS: Object to the form of the</p> <p>24 question.</p>
<p style="text-align: right;">Page 43</p> <p>1 A. Yes.</p> <p>2 Q. And is it your intent by showing those</p> <p>3 arrows to show the extent of the scar plate going</p> <p>4 out from the mesh?</p> <p>5 A. Well, it's my intent in showing those</p> <p>6 arrows to demonstrate the sweeping arch that you --</p> <p>7 that makes up that encapsulating fibrosis. And so</p> <p>8 that's why I put the arrows the way that I did, so</p> <p>9 you could see the linear kind of architecture and</p> <p>10 arrangement of the fibrous tissue with the entrapped</p> <p>11 blood vessels in them.</p> <p>12 Q. Okay. And the entrapped blood vessels, is</p> <p>13 that the blue material that we see on the</p> <p>14 photomicrograph?</p> <p>15 A. It's the red.</p> <p>16 Q. Okay.</p> <p>17 A. The red cells in the middle.</p> <p>18 Q. All right. By the arrows or down --</p> <p>19 A. A little above the arrows.</p> <p>20 Q. I see.</p> <p>21 Can you circle the blood vessels as</p> <p>22 you've just described on Figure 8?</p> <p>23 (Witness complies.)</p> <p>24 A. Okay. This is going to be a while.</p>	<p style="text-align: right;">Page 45</p> <p>1 BY MR. THOMAS:</p> <p>2 Q. That's okay, Doctor.</p> <p>3 Can you tell me what kind of area of</p> <p>4 mesh -- excuse me.</p> <p>5 Can you tell me what kind of area of</p> <p>6 tissue Figure 8 covers at 100 times magnification?</p> <p>7 Do you have any idea what area that represents?</p> <p>8 A. It's different based on every microscope.</p> <p>9 Q. Okay. So there's no scale I could apply to</p> <p>10 that to figure that out?</p> <p>11 A. No. It's different based on every</p> <p>12 microscope. And even the camera has a different</p> <p>13 image of what it captures versus what you're seeing</p> <p>14 under the microscope. Because obviously, we're</p> <p>15 seeing round, and this is coming out as a square,</p> <p>16 so ...</p> <p>17 Q. Okay. Going down to Figure 9.</p> <p>18 Is Figure 9 a different area of tissue</p> <p>19 than is shown on Figure 8, or do you know?</p> <p>20 A. It looks different.</p> <p>21 Q. Okay.</p> <p>22 A. It looks like it's -- you're getting the</p> <p>23 edge of it to the right.</p> <p>24 Q. What does the large white area in the lower</p>

12 (Pages 42 to 45)

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Paul J. Michaels, M.D.

<p style="text-align: right;">Page 46</p> <p>1 left represent?</p> <p>2 A. Nothing. It's empty space.</p> <p>3 Q. Why is there empty space there?</p> <p>4 A. Because there's no tissue there.</p> <p>5 Q. That's just the end of the sample -- tissue</p> <p>6 sample?</p> <p>7 A. Correct.</p> <p>8 Q. Thank you.</p> <p>9 A. Because it's cauterized.</p> <p>10 Q. Got it.</p> <p>11 And you've drawn a circle on there and</p> <p>12 your purpose is to show more fibrosis?</p> <p>13 A. Correct.</p> <p>14 Q. Does the circle pretty much cover the area</p> <p>15 of fibrosis that you identify in this slide?</p> <p>16 A. No. There's more.</p> <p>17 Q. And where is the more -- additional</p> <p>18 fibrosis?</p> <p>19 A. Above the circle and to the right.</p> <p>20 Extending to the right edge of the picture.</p> <p>21 Q. In the lower right, do you see the blue</p> <p>22 material?</p> <p>23 A. Yes.</p> <p>24 Q. Is that a microtoming artifact?</p>	<p style="text-align: right;">Page 48</p> <p>1 it would have contributed to the migration and</p> <p>2 movement of this mesh, which would contribute to it</p> <p>3 eventually eroding into the urothelium.</p> <p>4 Q. Are you suggesting that the scar plate that</p> <p>5 appears in 8 and 9 is the reason that the mesh</p> <p>6 eroded into the ureter?</p> <p>7 A. I'm saying that that contributes to the</p> <p>8 movement of the mesh.</p> <p>9 Q. Do you have a reasonable degree -- do you</p> <p>10 have an opinion to a reasonable degree of certainty</p> <p>11 that the fibrotic bridging that appears in Figures 8</p> <p>12 and 9 caused the mesh to erode into the ureter?</p> <p>13 A. I would say that that more likely than not</p> <p>14 contributed to the movement of the mesh which then</p> <p>15 eroded into the ureter.</p> <p>16 Q. Okay. Is that -- have you now described</p> <p>17 the contribution of this fibrosis to Ms. Childress's</p> <p>18 pain?</p> <p>19 A. I didn't understand the question.</p> <p>20 Q. My original question was to have you</p> <p>21 describe the extent to which this bridging fibrosis</p> <p>22 contributed to her complaints of pain in 2007.</p> <p>23 Is there -- and you told me that this</p> <p>24 bridging fibrosis contributed to the movement of the</p>
<p style="text-align: right;">Page 47</p> <p>1 A. The one part that's folded is, yeah.</p> <p>2 Q. Okay. And the one part that pulled away</p> <p>3 from the edge is also moved as well, isn't it? Down</p> <p>4 at five o'clock.</p> <p>5 A. Yes.</p> <p>6 Q. Now, Figures 8 and 9 you've identified as</p> <p>7 scar plate. Can you tell me what contribution this</p> <p>8 scar plate made to Ms. Childress's complaints of</p> <p>9 pain?</p> <p>10 A. Well, when you have any sort of scar or</p> <p>11 fibrosis in this general region, that would cause a</p> <p>12 change in the formation and location of the tissue.</p> <p>13 By definition, when something is becoming fibrotic</p> <p>14 and fibrous tissue is, I guess, becoming organized,</p> <p>15 the tissue changes shape and size.</p> <p>16 And we know that from anyone who has</p> <p>17 an incision and then it becomes a scar. And over</p> <p>18 time, that scar changes. It changes how it feels;</p> <p>19 it changes whether it's elevated; it changes the</p> <p>20 color.</p> <p>21 And so underneath the skin, that's the</p> <p>22 same thing. And so this would have been -- and</p> <p>23 obviously, it's -- things are more dynamic under the</p> <p>24 skin. So when the scar is forming and organizing,</p>	<p style="text-align: right;">Page 49</p> <p>1 mesh into the ureter. Correct?</p> <p>2 A. Right.</p> <p>3 Q. Is there anything else about the presence</p> <p>4 of this bridging fibrosis that you believe</p> <p>5 contributed to her complaints of pain?</p> <p>6 A. Well, I would say the fact that it would be</p> <p>7 likely contracting and changing shape, given</p> <p>8 whatever nerves are in the region, that -- knowing</p> <p>9 that you have a foreign body that's contracting.</p> <p>10 Whether it's eroding or not, in this case it happens</p> <p>11 to be, would certainly contribute to pain.</p> <p>12 Q. Is there anything about the images in</p> <p>13 Figures 8 and 9 that allows you to conclude that</p> <p>14 this tissue is contracting?</p> <p>15 A. I would say the presence of that scar that</p> <p>16 is indicative of the scar plate is something that</p> <p>17 you would see in the setting of a contracted foreign</p> <p>18 body.</p> <p>19 Q. Is it your opinion to a reasonable degree</p> <p>20 of medical probability that these two slides show</p> <p>21 tissue contraction?</p> <p>22 A. Yes.</p> <p>23 Q. And based solely upon the presence of</p> <p>24 fibrosis itself.</p>

13 (Pages 46 to 49)

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Paul J. Michaels, M.D.

<p style="text-align: right;">Page 50</p> <p>1 A. And the architecture if it.</p> <p>2 Q. What is it about the architecture of it?</p> <p>3 A. That it's curved around the mesh.</p> <p>4 Q. And the only way -- strike that.</p> <p>5 Is the only way that this bridging</p> <p>6 fibrosis can cause pain is by interaction with</p> <p>7 nerves?</p> <p>8 A. No. So I'm -- I thought you were talking</p> <p>9 about the scar plate. And that's what I'm talking</p> <p>10 about, the scar plate being curved.</p> <p>11 Q. Okay.</p> <p>12 A. The bridging fibrosis is between the</p> <p>13 filaments.</p> <p>14 Q. All right. So, just so I'm clear, is it</p> <p>15 the scar plate or the bridging fibrosis that caused</p> <p>16 the mesh to migrate into the ureter, as far as</p> <p>17 you're concerned?</p> <p>18 A. Well, it would be both.</p> <p>19 Q. And is it scar plate or the bridging</p> <p>20 fibrosis that has an independent cause of the pain</p> <p>21 through contraction and impact on nerves that you</p> <p>22 describe?</p> <p>23 A. Well, it's my opinion that they both would</p> <p>24 be related.</p>	<p style="text-align: right;">Page 52</p> <p>1 cause pain. Do you agree with that?</p> <p>2 A. Well, there are nerves everywhere so I</p> <p>3 don't understand that.</p> <p>4 Q. Okay. But in order to have pain, you have</p> <p>5 to have an impact by the bridging fibrosis and the</p> <p>6 scar plate on the nerve. Is that true?</p> <p>7 A. I don't -- I'm not following you.</p> <p>8 Q. Okay. I thought you told me that for a</p> <p>9 scar plate and the bridging fibrosis, those could</p> <p>10 ultimately be causes of pain if they impacted</p> <p>11 nerves.</p> <p>12 A. Directly or indirectly.</p> <p>13 Q. Okay. And so ultimately, in order for the</p> <p>14 bridging fibrosis or the scar plate to cause pain,</p> <p>15 they would have to directly or indirectly impact</p> <p>16 nerves.</p> <p>17 A. Yeah. That's what I just said.</p> <p>18 Q. Thank you.</p> <p>19 Are you able on a relative basis to</p> <p>20 compare the contribution to Ms. Childress's pain to</p> <p>21 the scar plate and the bridging fibrosis as compared</p> <p>22 to the erosion of the mesh into the ureter?</p> <p>23 A. No. I would say they are all contributing</p> <p>24 together. I wouldn't assign a quantification of how</p>
<p style="text-align: right;">Page 51</p> <p>1 Q. Okay. Can you see any nerves in Figures 8</p> <p>2 and 9?</p> <p>3 A. I can't tell with this magnification.</p> <p>4 Q. Matter of fact, there's no mention of any</p> <p>5 nerves in your Childress report. Is that fair?</p> <p>6 A. I don't recall. I'd have to go through it.</p> <p>7 Q. Okay. I don't recall you mentioning it in</p> <p>8 the presence of any nerves. And we'll keep going.</p> <p>9 If we find any, we'll talk about them.</p> <p>10 Okay. So does the pain as caused by</p> <p>11 the fibrotic bridging and the bridging -- and the</p> <p>12 scar plate depend on interaction with nerves?</p> <p>13 THE WITNESS: Can you repeat that?</p> <p>14 THE REPORTER: Yes.</p> <p>15 (The record was read as requested:</p> <p>16 "So does the pain as caused by the</p> <p>17 fibrotic bridging and the bridging --</p> <p>18 and the scar plate depend on</p> <p>19 interaction with nerves?")</p> <p>20 A. Well, I guess I would say ultimately,</p> <p>21 whether it's directly or indirectly, yes.</p> <p>22 BY MR. THOMAS:</p> <p>23 Q. Okay. And the reason -- the scar plate and</p> <p>24 the bridging fibrosis itself without nerves does not</p>	<p style="text-align: right;">Page 53</p> <p>1 much one is affecting the pain versus the other.</p> <p>2 Q. Is there a way to do that?</p> <p>3 A. Not that I'm aware of.</p> <p>4 Q. Okay.</p> <p>5 MR. CURTIS: We've been going a little</p> <p>6 over an hour. Let's take a break at your</p> <p>7 convenience. If you want to finish up a subject, go</p> <p>8 ahead.</p> <p>9 MR. THOMAS: Now is fine. Thank you.</p> <p>10 MR. CURTIS: All right.</p> <p>11 (Recess from 3:24 p.m. to 3:31 p.m.)</p> <p>12 BY MR. THOMAS:</p> <p>13 Q. Let's go to Figure 10.</p> <p>14 In Figure 10 you describe area of</p> <p>15 bridging fibrosis separating mesh filaments, showing</p> <p>16 the arrows. I probably should have talked about that</p> <p>17 in connection with Figures 8 and 9.</p> <p>18 Are your conclusions with Figure 10 the</p> <p>19 same as Figures 8 and 9? Anything more or remarkable</p> <p>20 about Figure 10?</p> <p>21 A. In Figure 10 I'm just highlighting the</p> <p>22 bridging fibrosis.</p> <p>23 Q. Okay. And would the impact on</p> <p>24 Ms. Childress's pain from the bridging fibrosis in</p>

14 (Pages 50 to 53)

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Paul J. Michaels, M.D.

<p style="text-align: right;">Page 54</p> <p>1 Figure 10 be the same as you describe for Figures 8 2 and 9? 3 A. I would say so. 4 Q. Let's go to Figure 11, please. 5 What does Figure 11 show? 6 A. It shows a very low magnification view of 7 what was removed -- or a fragment of the tissue 8 removed with the block arrow showing large bundles 9 of bladder muscle-type bundles. And then the thin 10 arrows have the curved-appearing mesh adjacent to 11 the urothelial lining. 12 Q. The large arrows that show the smooth 13 muscle bundles, there are three of them for the 14 upper two. Is there any mesh associated with the 15 upper two arrows? I can't see any closer to it. 16 A. No. 17 Q. Okay. So at least in those situations, 18 there's, what you find, fibrosis in an area that's 19 remote from the mesh? 20 A. Could you repeat that? 21 Q. Sure. 22 In Figure 11 for the three large 23 arrows, the top two arrows where you show fibrosis, 24 the fibrosis there is remote from the mesh. Correct?</p>	<p style="text-align: right;">Page 56</p> <p>1 involved by fibrosis is significant with regards to 2 the function of the smooth muscle as a whole. 3 Q. Let me ask a more specific question if I 4 can. 5 Figure 11, you have three large arrows 6 and you describe the block arrows as being associated 7 fibrosis involving the bladder smooth muscle bundles. 8 And I'm asking the question, is there fibrosis 9 associated with the two arrows in the top -- the two 10 block arrows in the top of Figure 11? 11 A. I don't know if there's any on the right 12 side. 13 Q. Why did you put the arrows on there? 14 A. To identify the smooth muscle bundles. 15 Q. Okay. But not to identify fibrosis? 16 A. No. The block arrows are identified as 17 bladder smooth muscle bundles. 18 Q. Okay. Thank you. 19 And what's the significance of the 20 bladder smooth muscle bundles in this case? 21 A. Well, involvement by either inflammation or 22 fibrosis of smooth muscle would impact the 23 functionality of the genito -- lower genitourinary 24 system.</p>
<p style="text-align: right;">Page 55</p> <p>1 A. Well, I wouldn't say remote, but -- the 2 fibrosis is remote from the mesh, no. The fibrosis 3 is not remote from the mesh. 4 Q. The upper two arrows -- where is the mesh 5 associated with the upper two arrows in Figure 11? 6 Can you see any arrows there? 7 A. That's not fibrosis. That's smooth muscle. 8 You're saying the fibrosis is remote from the mesh. 9 Q. I apologize. I got confused. Let me start 10 over again. 11 What is the fibrosis that involves the 12 bladder smooth muscle, block arrows? Is there 13 fibrosis there as well? 14 A. There's some fibrous tissue that's 15 involving the edge of the main bundle at the bottom. 16 Q. Okay. What's the purpose of the upper two 17 arrows in Figure 11? 18 A. To identify the smooth muscle. 19 Q. No fibrosis up there? 20 A. I do not know at this magnification if 21 there is. But the smooth muscle doesn't work 22 independently, it all works together. 23 So the fact that these bundles, which 24 are all adjacent to one another, that one is</p>	<p style="text-align: right;">Page 57</p> <p>1 Q. And then that's my question: 2 Does this show of inflammation or 3 fibrosis for these smooth muscle bundles? 4 A. It does show fibrosis. 5 Q. Okay. For all three block arrows? 6 A. No. It's involved -- I can't tell at this 7 magnification, again, whether the other two block 8 arrows that are upper, how much fibrosis there is in 9 this plane involving those upper level bundles. 10 Q. Anything else remarkable about Figure 11? 11 A. The fact that you can see how it's eroding 12 through the urothelium. 13 Q. And where is that on the figure? 14 A. Well, the urothelium is here, and you see 15 this fragment of mesh coming out and pushing out 16 through the urothelium. 17 Q. And you're pointing to the right of the -- 18 right about six o'clock on the figure. Is that 19 correct? 20 A. Correct. 21 Q. And that is the site of the erosion? 22 A. That is a site of erosion. 23 Q. Is there another site of the erosion on 24 Figure 11?</p>

15 (Pages 54 to 57)

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Paul J. Michaels, M.D.

Page 58

1 A. That's a site that's on this image. I  
2 don't know if there are other sites elsewhere.

3 Q. Okay. Now, is this the erosion that you  
4 discussed before about being in the area of the  
5 ureter?

6 A. That I discussed in this deposition you  
7 mean?

8 Q. Yes.

9 A. Oh, yes.

10 Q. Okay. Thank you.

11 Anything else remarkable about  
12 Figure 11?

13 A. Not that I can think of at this moment.

14 Q. Let's go to Figure 12, please.

15 Tell me what you're trying to show by  
16 the arrows in your discussion on Figure 12.

17 A. So the big arrows, the block arrows, are  
18 pointing to areas of smooth muscle.

19 The thin arrow shows mesh with  
20 surrounding inflammation. There are numerous  
21 dilated vessels, and then there is fibrosis  
22 involving the smooth muscle.

23 Q. Is there anything remarkable or atypical  
24 about the tissue depicted in Figure 12 given the

Page 59

1 presence of the foreign body, the mesh?

2 A. I would say just the fact that it's located  
3 in the muscle.

4 Q. And why is that remarkable?

5 A. Because it shouldn't be embedded in the  
6 smooth muscle, I would imagine.

7 Q. The mesh itself?

8 A. Correct.

9 Q. Okay. But the tissue reaction to the mesh  
10 is a typical foreign body response to that mesh.  
11 Correct?

12 A. I would say, yes, that's a likely response.

13 Q. And 13: What are you showing in 13? Same  
14 thing as 12?

15 A. A different image of it but similar.

16 Q. Okay. So your concern here is, somehow the  
17 mesh has made it into the muscle, and the placement  
18 of the mesh in the muscle is a bad thing?

19 A. And the fact that it's eroding through the  
20 urothelium.

21 Q. Okay. But in terms of the tissue response  
22 to the mesh, that's a normal foreign body reaction  
23 to the mesh. Correct?

24 A. I would say in this picture there's -- it's

Page 60

1 showing what a typical foreign body reaction would  
2 be.

3 Q. Okay. Let's go to number 14.

4 Going back to 12 and 13, if we can do  
5 it collectively, is -- again, is the contribution to  
6 Ms. Childress's pain the fact that the mesh is  
7 present in the smooth muscle?

8 A. I would say that that would be a  
9 contributing factor.

10 Q. Anything else about the images 12 and 13  
11 that give you any information about how that  
12 contributes to her pain?

13 A. The fact that it's eroding through the  
14 urothelium.

15 Q. Okay. Anything else?

16 A. Not other than what I've described.

17 Q. Okay. Figure 14:

18 What are you showing in Figure 14? Is  
19 this more of the same from Figure 12 and 13?

20 A. It's similar.

21 Q. Okay. And the blue area. I think we've  
22 seen this in another slide. That's an artifact of  
23 the microtoming process?

24 A. Well, the blue area is the core of the mesh

Page 61

1 that has been folded, although it's not cracked like  
2 other areas that I'll show in this report.

3 Q. Okay. And, again, the tissue response to  
4 the mesh is a normal tissue response to the mesh  
5 foreign body?

6 A. Well, it's not -- it's hard to answer that  
7 because there's really nothing normal about the fact  
8 that we have mesh going through the urothelium. So  
9 is that the body's typical reaction to synthetic  
10 mesh eroding into the urinary system? I would  
11 imagine so, but it's not that it's a normal  
12 response, because this shouldn't happen. You  
13 shouldn't be able to take a picture like this.

14 Q. The mesh erosion is what shouldn't happen.  
15 Correct?

16 A. With the subsequent response that occurs  
17 because of the erosion.

18 Q. Did you make a determination of whether the  
19 doctor placed the mesh incorrectly at the time of  
20 the surgery?

21 MR. CURTIS: Object to the form of the  
22 question.

23 A. I wasn't there. I didn't have any access  
24 to that kind of information.

16 (Pages 58 to 61)

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Paul J. Michaels, M.D.

<p style="text-align: right;">Page 62</p> <p>1 But it didn't seem that was a 2 plausible explanation given the timing of her 3 symptomatology. 4 BY MR. THOMAS: 5 Q. Why do you say that? 6 A. Because if it had been placed basically in 7 the bladder, she would have immediately had symptoms 8 biologically, I would think. 9 Q. Is it your testimony that she didn't 10 immediately have symptoms? 11 A. Not immediately. 12 Q. Okay. 13 A. That's my understanding. 14 Q. Okay. Is that the basis for your 15 concluding that the mesh was not placed improperly? 16 A. So I guess that would be the main aspect 17 of -- 18 Q. Anything else? 19 A. Oh, my God. 20 MR. CURTIS: He deserves -- 21 MR. THOMAS: What did I do? 22 MR. CURTIS: Well, you cut him off. 23 You keep doing it. 24 MR. THOMAS: I don't keep doing it.</p>	<p style="text-align: right;">Page 64</p> <p>1 (The record was read as requested: 2 "So I guess that would be the main 3 aspect of --") 4 MR. CURTIS: That's as far as he got. 5 A. Okay. That would be the main aspect of 6 what forms my conclusion, is the fact that, 7 according to my review of the medical records, that 8 she initially seemed to do well following her 9 initial surgery in June of 2006. 10 Because she didn't present again until 11 July of the following year with a three- to 12 four-month history rather than a 10- to 11-month 13 history. Which would imply that had it been 10 to 14 11 months that she had been constantly having 15 complaints, which it doesn't seem, from my review of 16 the medical records, that she did. 17 BY MR. THOMAS: 18 Q. Anything else? 19 A. No. 20 Q. Figure 15: 21 What does Figure 15 tell you? 22 A. Figure 15 shows different mesh filament 23 spaces with the associated fibrosis, several areas 24 of chronic inflammation, and it shows that the mesh</p>
<p style="text-align: right;">Page 63</p> <p>1 MR. CURTIS: Yes, you do. 2 MR. THOMAS: I'm trying to be -- I 3 apologize. 4 (Simultaneous discussion.) 5 MR. CURTIS: Mr. Thomas, intentional 6 or otherwise, you make a habit of it. 7 MR. THOMAS: I apologize. 8 MR. CURTIS: Could you read the 9 partial answer? 10 Do you need the question, Doctor? 11 THE WITNESS: I think I need the 12 question. 13 MR. CURTIS: Okay. 14 MR. THOMAS: And I don't make a habit 15 of it. And any time that I do it, you've stopped me 16 and allow him to answer. I think you've done it 17 every time I've done it -- or at least you think 18 I've done it, and I've apologized for it. 19 (The record was read as requested: 20 "Is that the basis for your concluding 21 that the mesh was not placed 22 improperly?") 23 MR. CURTIS: Read the answer. 24 ///</p>	<p style="text-align: right;">Page 65</p> <p>1 is extending through the urothelium which is 2 overlying this area and it appears reactive and also 3 inflamed. 4 Q. And is this the same erosion that we've 5 discussed before? 6 A. In the ureter area. I believe so. 7 Q. Anything else remarkable about Figure 15? 8 A. Nothing in particular. 9 Q. Figures 16 and 17: 10 What did you do here? 11 A. I took pictures of the polypropylene -- a 12 little bit of the core and the outer bark under 13 polarization microscopy. 14 Q. What is the blue and white material in the 15 bottom of Figure 16? 16 A. That's the core of the mesh. 17 Q. Okay. So what are the blue areas that you 18 indicate with arrows? How do we know those are the 19 core or part of the polypropylene? 20 A. Because they look like it. 21 Q. What do you mean "they look like it"? 22 A. Well, they have the image characteristics 23 of what bark looks like. 24 Q. And how do you know what the bark looks</p>

17 (Pages 62 to 65)

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Paul J. Michaels, M.D.

<p style="text-align: right;">Page 66</p> <p>1 like?</p> <p>2 A. From reviewing literature and reviewing</p> <p>3 Ethicon's internal scientists' documents, that I'm</p> <p>4 making a visual comparison as a pathologist with my</p> <p>5 understanding of the available material and coming</p> <p>6 to the conclusion that that's what this is.</p> <p>7 Q. What's the clinical significance of what</p> <p>8 you found in Figures 16 and 17 to Ms. Childress?</p> <p>9 A. Well, degraded polypropylene will increase</p> <p>10 the surface area of the foreign body that's present</p> <p>11 within the patient. That will lead to -- tend to a</p> <p>12 greater inflammatory response, which will then lead</p> <p>13 to additional scarring. And that inflammation will</p> <p>14 lead to an increased likelihood for other areas</p> <p>15 becoming degraded of the polypropylene, which will</p> <p>16 then create additional inflammation and it will have</p> <p>17 a process that's ongoing.</p> <p>18 Q. How does the clinical significance of what</p> <p>19 you show in Figures 16 and 17 compare to your</p> <p>20 previous opinions about the erosion of the mesh into</p> <p>21 the ureter in terms of significant contribution to</p> <p>22 her pain?</p> <p>23 A. I would say that they're all contributing.</p> <p>24 Again, as I testified prior, I</p>	<p style="text-align: right;">Page 68</p> <p>1 the location of where the mesh would be.</p> <p>2 So I don't know if what they left is</p> <p>3 in an area that is of no clinical consequence and</p> <p>4 it's not, you know, near her mucosa. I don't know.</p> <p>5 BY MR. THOMAS:</p> <p>6 Q. And all the work that you've done in</p> <p>7 connection with Ms. Childress's case is expressed in</p> <p>8 your report. Correct?</p> <p>9 A. Well, not all of it, because I reviewed her</p> <p>10 deposition.</p> <p>11 Q. Which you've told me.</p> <p>12 You've not done any analytic chemistry</p> <p>13 testing on the mesh involved in Ms. Childress?</p> <p>14 A. No.</p> <p>15 Q. Okay. And you're relying upon the writings</p> <p>16 of Dr. Iakovlev to support your opinion that the</p> <p>17 polypropylene mesh in Ms. Childress degraded in the</p> <p>18 body. True?</p> <p>19 A. No. Not solely that, no.</p> <p>20 Q. Then what else?</p> <p>21 A. Ethicon's own scientists.</p> <p>22 Q. Okay. And on what do you rely to support</p> <p>23 your opinion that any degradation of polypropylene</p> <p>24 mesh is clinically significant?</p>
<p style="text-align: right;">Page 67</p> <p>1 wouldn't quantify one amount versus the other in</p> <p>2 saying one contributed this percentage toward her</p> <p>3 pain and this one was another percentage towards her</p> <p>4 pain, et cetera.</p> <p>5 Q. Do you have an opinion to a reasonable</p> <p>6 degree of medical probability that the degradation</p> <p>7 that you depict in Figures 16 and 17 contributed to</p> <p>8 her pain?</p> <p>9 A. Yes.</p> <p>10 Q. And what is that?</p> <p>11 A. Yes.</p> <p>12 Q. Did they remove all the mesh from her?</p> <p>13 A. I don't know how much they removed.</p> <p>14 Q. Okay. Do you know if they removed all of</p> <p>15 it?</p> <p>16 A. I would have to review the operative</p> <p>17 reports.</p> <p>18 Q. To the extent that mesh remains in her body</p> <p>19 and she has no pain, what does that tell you?</p> <p>20 MR. CURTIS: Object to the form of the</p> <p>21 question.</p> <p>22 A. As we've talked before, pain can be</p> <p>23 subjective; it can be complicated; it can -- people</p> <p>24 have different thresholds for pain. Pain depends on</p>	<p style="text-align: right;">Page 69</p> <p>1 MR. CURTIS: Can I hear that again? I</p> <p>2 just plain missed it. I just didn't hear it.</p> <p>3 BY MR. THOMAS:</p> <p>4 Q. On what do you rely to support your opinion</p> <p>5 that any degradation of the Prolene polypropylene</p> <p>6 mesh is clinically significant?</p> <p>7 A. Just from my understanding of the</p> <p>8 literature regarding it, as well as the general</p> <p>9 understanding of foreign body reactions and how</p> <p>10 degradation of any foreign body would contribute to</p> <p>11 an inflammatory response.</p> <p>12 Q. In your report on page 9 you cite Mary 1998</p> <p>13 and Clave 2010 in support of the statement that the</p> <p>14 brittleness of this degraded polypropylene implant</p> <p>15 can impact the biocompatibility of the device and</p> <p>16 result in patient complications like those</p> <p>17 experienced by Ms. Childress, including right</p> <p>18 organ -- right lower quadrant pain, inflammation,</p> <p>19 scarring and organ dysfunction. Is that correct?</p> <p>20 A. Yes.</p> <p>21 Q. Do you remember the Mary and the Clave</p> <p>22 articles?</p> <p>23 A. I would have to re-review them.</p> <p>24 Q. Do you have a recollection of whether they</p>

18 (Pages 66 to 69)

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<p style="text-align: right;">Page 70</p> <p>1 spoke to the clinical significance of any 2 degradation reported in those studies? 3 A. I would have to re-review them. 4 Q. At the time that you wrote this study, was 5 that your best judgment of the literature that 6 supported that segment? 7 A. Well, I stand by the sentence as it stands. 8 But I would have to, again, to make 9 any sort of comments about -- I read a number of 10 articles to be able to answer questions about them. 11 I would want to review them. 12 Q. Okay. But at the time you wrote this you 13 believe that Mary and Clave supported that 14 statement. Correct? 15 A. No -- well, I believe that -- I used those 16 references with respect to that entire sentence. 17 Q. Okay. And what evidence do you have that 18 this polypropylene mesh when excised from 19 Ms. Childress was brittle? 20 A. My personal experience with evaluating 21 gross mesh specimens. 22 Q. You don't have any information available to 23 you based on what you reviewed that allows you to 24 conclude that the Prolene polypropylene mesh removed</p>	<p style="text-align: right;">Page 72</p> <p>1 Have you reviewed all the information 2 that you need to review in order to give your 3 differential diagnosis as a pathologist that the 4 complications that you described were the causes of 5 her pain? 6 A. Well, I didn't realize until just now that 7 there were other slides that had other tissue on 8 them. I thought that this was the extent of it. I 9 didn't realize that other experts were able to 10 review other fragments of tissue. Now, I don't know 11 what's on those. There could be something that's 12 surprising ... 13 (Sotto voce discussion off the 14 record.) 15 MR. THOMAS: That's the same slide, 16 isn't it? 17 Never mind. Okay. 18 MR. AYLSTOCK: You've refused to give 19 us the slides that your experts have, and so -- 20 MR. SNOWDEN: Hold on. That's not 21 true. No one has requested them for any case. 22 MR. AYLSTOCK: We've requested them 23 every single time, and every single time you've 24 said --</p>
<p style="text-align: right;">Page 71</p> <p>1 from Ms. Childress was, in fact, brittle, do you? 2 MR. CURTIS: Object to the form of the 3 question. 4 THE WITNESS: Could you repeat that? 5 (The record was read as requested: 6 "You don't have any information 7 available to you based on what you 8 reviewed that allows you to conclude 9 that the Prolene polypropylene mesh 10 removed from Ms. Childress was, in 11 fact, brittle, do you?") 12 A. Well, I would say the fact that I can 13 demonstrate microscopically that there's evidence of 14 degradation, in combination with the fact that the 15 architecture of the mesh as it sits in the tissue 16 would support a gross appearance of it being less 17 pliable or rigid or brittle. 18 BY MR. THOMAS: 19 Q. Is that the basis of your opinion that it's 20 brittle? 21 A. Well, that's what I just answered. 22 Q. Okay. I just want to make sure that's it. 23 Have you reviewed all the information 24 you need to make your pathological -- strike that.</p>	<p style="text-align: right;">Page 73</p> <p>1 MR. THOMAS: We're burning time. 2 MR. AYLSTOCK: We'll do this off the 3 record. That's fine. 4 MR. THOMAS: Okay. 5 BY MR. THOMAS: 6 Q. Okay. Other than your understanding that 7 there may be additional slides with tissue that you 8 would like to review, is there anything else that 9 you need in order to render your opinion to a 10 medical degree of probability of the differential 11 diagnosis of the causes of her pain? 12 A. I would say not up to this point in time 13 from what I've reviewed at this point in time. 14 Q. So you've reviewed everything you need in 15 order to make this diagnosis? 16 MR. CURTIS: Object to the form of the 17 question. That's at least five times. 18 A. Well, again, if there was something else 19 out there that I didn't have access to if someone 20 were to bring up to me and say, "Hey, what about 21 this fact? Does this change your opinion?" It 22 could potentially. 23 I don't -- I can't predict what's out 24 there that I don't know about. I mean, I don't know</p>

19 (Pages 70 to 73)

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Paul J. Michaels, M.D.

<p style="text-align: right;">Page 74</p> <p>1 how to answer that question reasonably, other than  2 to be honest and say, as of now, what I have, I have  3 formed these opinions. And I don't know what other  4 information or material is out there that could  5 potentially change my opinion, if at all.  6 BY MR. THOMAS:  7 Q. On page 6 of your report, the first  8 paragraph right in the middle says, "Follow-up  9 cystoscopic evaluation on August 14, 2007, showed  10 exposed mesh from the seven- to eleven o'clock  11 region of the bladder mucosal surface."  12 What significance to you is that  13 information?  14 A. It just showed another area that had  15 eroding mesh.  16 Q. Okay. Have you ever sought to figure out  17 any -- go behind that and figure out any more what  18 that means?  19 A. I don't know what else it could mean, other  20 than that there was mesh eroding into the bladder.  21 And then less than two months later I have mesh  22 eroding into the urothelium that I have in my  23 possession.  24 MR. THOMAS: Okay. Let's take a</p>	<p style="text-align: right;">Page 76</p> <p>1 - - - - -  2 E R R A T A  3 - - - - -  4 PAGE LINE CHANGE  5 _____  6 REASON: _____  7 _____  8 REASON: _____  9 _____  10 REASON: _____  11 _____  12 REASON: _____  13 _____  14 REASON: _____  15 _____  16 REASON: _____  17 _____  18 REASON: _____  19 _____  20 REASON: _____  21 _____  22 REASON: _____  23 _____  24 REASON: _____</p>
<p style="text-align: right;">Page 75</p> <p>1 break, please.  2 (Recess from 4:01 p.m. to 4:03 p.m.)  3 BY MR. THOMAS:  4 Q. Thank you, Doctor.  5 MR. THOMAS: I have no more questions.  6 MR. CURTIS: We have no questions.  7 (Proceedings concluded at 4:03 p.m.)  8  9  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24</p>	<p style="text-align: right;">Page 77</p> <p>1  2 ACKNOWLEDGMENT OF DEPONENT  3  4 I, _____, do  5 hereby certify that I have read the  6 foregoing pages, and that the same is  7 a correct transcription of the answers  8 given by me to the questions therein  9 propounded, except for the corrections or  10 changes in form or substance, if any,  11 noted in the attached Errata Sheet.  12  13  14  15 PAUL J. MICHAELS, M.D. DATE  16  17  18 Subscribed and sworn  19 to before me this  20 _____ day of _____, 20____.  21 My commission expires: _____  22  23  24 Notary Public</p>

20 (Pages 74 to 77)

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Paul J. Michaels, M.D.

Page 78

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA  
CHARLESTON DIVISION

IN RE: ETHICON, INC., PELVIC ) Master File No.  
REPAIR SYSTEM PRODUCTS )  
PRODUCTS LIABILITY LITIGATION ) 2:12-MD-02327

THIS DOCUMENT RELATES TO THE ) MDL 2327  
FOLLOWING CASES IN WAVE 2 )  
OF MDL 200: )

) JOSEPH R. GOODWIN  
Tamara Carter, et al. v. )  
Ethicon, Inc., et al. ) U.S. DISTRICT JUDGE  
Civil Action No. 2:12-cv-01661 )

)  
Sandra Childress, et al. v. )  
Ethicon, Inc., et al. )  
Civil Action No. 2:12-cv-01564 )

)  
Marion Chrysler v. )  
Ethicon, Inc., et al. )  
Civil Action No. 2:12-cv-02060 )

)  
Melissa Sanders, et al. v. )  
Ethicon, Inc., et al. )  
Civil Action No. 2:12-cv-01562 )

)  
Ana Sierra, et al. v. )  
Ethicon, Inc., et al. )  
Civil Action No. 2:12-cv-01819 )

)  
Toni Hernandez v. )  
Ethicon, Inc., et al. )  
Civil Action No. 2:12-cv-02073 )

)  
REPORTER'S CERTIFICATE  
ORAL DEPOSITION OF PAUL J. MICHAELS, M.D.  
June 18, 2016

Page 79

I, Rebecca J. Callow, Registered Merit  
Reporter and Notary Public in and for the State of  
Texas, hereby certify to the following.

That the witness, PAUL J. MICHAELS, M.D.,  
was duly sworn by the officer and that the  
transcript of the oral deposition is a true record  
of the testimony given by the witness;

That the original deposition was delivered  
to \_\_\_\_\_.

That a copy of this certificate was served  
on all parties and/or the witness shown herein on  
\_\_\_\_\_.  
\_\_\_\_\_.

That pursuant to information given to the  
deposition officer at the time said testimony was  
taken, the following the amount of time used by  
each party at the time of the deposition:

David B. Thomas (1h30m)  
Attorney for Johnson & Johnson and  
Ethicon, Inc.

Danny L. Curtis (0h0m)  
Attorney for Plaintiffs

Page 80

I further certify that pursuant to FRCP  
Rule 30(f)(1) that the signature of the deponent:

[ ] was requested by the deponent or a  
party before the completion of the deposition and is  
to be returned within 30 days from date of receipt  
of the transcript. If returned, the attached  
Changes and Signature Page contains any changes and  
the reasons therefor;

[ ] was not requested by the deponent or  
a party before the completion of the deposition.

I further certify that I am neither  
counsel for, related to, nor employed by any of the  
parties or attorneys to the action in which this  
proceeding was taken. Further, I am not a relative  
or employee of any attorney of record in this cause,  
nor am I financially or otherwise interested in the  
outcome of the action.

Page 81

SUBSCRIBED AND SWORN TO under my hand and  
seal of office on this the \_\_\_\_\_ day of  
\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Rebecca J. Callow, RMR, CRR, RPR  
Notary Public, Travis County, Texas  
My Commission No. 12955701-3  
Expires: 09/12/2017

21 (Pages 78 to 81)

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